

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 0 2

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2000

b. FFY 2001

\$

\$

(-14.37) (14,375) <sup>5H</sup>(43.89) (43,896) <sup>5H</sup>

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 13d, pl

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same (TN 96-37)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce reimbursement for services provided in rehabilitation centers by seven percent (7%). Implementation is necessary to avoid a budget deficit in the state Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Governor does not  
review state plan material

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John La Cour

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 24, 2000

16. RETURN TO:

State of Louisiana  
Department of Health & Hospitals  
1201 Capitol Access Road  
PO Box 91030  
Baton Rouge, LA 70821-9030

17. DATE RECEIVED

03-31-2000

18. DATE APPROVED

07-01

19. EFFECTIVE DATE OF APPROVED MATERIAL:

02-01-2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B  
Item 13d. Page 1

STATE OF LOUISIANA  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

| <u>CITATION</u> | <u>Medical and Remedial</u> | <u>Other Diagnostic, Screening, Preventive, and Rehabilitative Services</u> |
|-----------------|-----------------------------|---|
| 42 CFR          | Care and Services           | <u>(i.e. other than those provided elsewhere in this Plan)</u>              |
| 440.130         | Item 13.d.                  |   |

I. Rehabilitation Center Services

A. Reimbursement Methodology

Upon prior approval by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by a Title XVIII certified private or public rehabilitation center will be made at ninety three percent (93 %) of the established payment schedule contained in the Rehabilitation Center Provider Training Manual in effect as of January 31, 2000.

B. Standards for Payment

1. The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
2. The rehabilitation center must be Title XVIII certified.
3. Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services

|                                      |   |
|--------------------------------------|---|
| STATE <u>Louisiana</u>               | A |
| provider <u>                    </u> |   |
| DATE REC'D <u>03-31-00</u>           |   |
| DATE APPV'D <u>05-07-01</u>          |   |
| DATE EFF <u>02-01-00</u>             |   |
| HCFA 179 <u>LA-0002</u>              |   |

TN# LA-00-02 Approval Date 05-07-01 Effective Date 02-01-00  
Supersedes  
TN# 96 37